Employer Coverage Tool

Use this worksheet to help gather information about employers that offer traditional health coverage to anyone on your Marketplace application. Complete one form for each employer that offers coverage. You'll need this information to complete your application, even if no one enrolls in coverage through their job (or the job of another person, like a spouse or parent).

Don't use this form if someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA).

Visit HealthCare.gov/have-job-based-coverage for more details if you have (or got an offer for) job-based insurance.

Employee information

Fill in for the **employee** who's offered job-based health coverage.

1. Employee name (First, Middle, Last)	2. Employee Social Security Number (SSN)
	___ - ___ - ____

3. List the first and last names of each person in the employee's household and tell us if they could get health coverage through the employer named in box 4 below, even if they're not currently enrolled. Only list household members who the employee plans to include on their federal income tax return. You can make a copy of this page if there are more than 4 people in the employee's household.

Name	Eligible for health coverage through this employer?
	○ Yes ○ No
	○ Yes ○ No
	○ Yes ○ No
	○ Yes ○ No

Employer information

You can ask the **employer** to fill out items 4–12.

4. Employer name		
5. Employer address (the Marketplace may send notices to this address)		
6. City	7. State	8. ZIP code
9. Employer Identification Number (EIN)		
__ - _____		

Tell us about the health coverage offered by this employer.

10. Do the plans offered by the employer meet the minimum value standard? A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

◯ **YES** (Go to question 11.) ◯ **NO** (STOP and return this form to employee.)

◯ The employer offers plans that meet the minimum value standard to only the employee, but not the employee's family members. (Go to question 11. You don't need to answer question 12.)

11. How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans. If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

a. Employee would pay this premium: **$**

b. Employee would pay this amount: ◯ Weekly ◯ Every 2 weeks ◯ Twice a month ◯ Monthly ◯ Quarterly ◯ Yearly

12. **If other household members are listed for question 3:** How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 3? If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

a. Employee would pay this premium: **$**

b. Employee would pay this amount: ◯ Weekly ◯ Every 2 weeks ◯ Twice a month ◯ Monthly ◯ Quarterly ◯ Yearly

You have the right to get your information in an accessible format, like large print, braille, or audio.
You also have the right to file a complaint if you feel you've been discriminated against.

Visit **CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice**
or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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